

CLARKE LAW FIRM, PLC
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CONFIDENTIAL ESTATE PLANNING INFORMATION

Name(s): _____

Birth Date(s): _____

Soc. Sec. No(s): _____

Citizenship: _____

Address: _____

Home Telephone: _____

Mobile Telephone: _____

E-Mail Address: _____

Employer: _____

Work Telephone: _____

Date Prepared: _____

Referred by: _____

Other Family Members who will be attending conference: _____

This information is accurate and complete to the best of my/our knowledge and the attorney may rely upon it.

Date: _____ Signed: _____

All information provided shall be held in the strictest confidence by the attorney.

However, as to each other, a couple completing this form waives any right to confidence as to the other.

Each spouse/partner/family member further waives any conflict as to the attorney preparing both of their estate plans.

Do you have any disability that requires our attention? No; Yes

Please explain: _____

Do you need to receive documents in large print? No; Yes

MARITAL STATUS (Please ✓ one)

Single, Married, Divorced, Separated, Widowed, Living Together

Name(s) of former Spouse(s) and Date of Death or Divorce:

CHILDREN (Please ✓ box to left of name if deceased)

<input type="checkbox"/>	Name	DOB	Parent/s	City of Residence
<input type="checkbox"/>	_____	_____	_____	_____
<input type="checkbox"/>	_____	_____	_____	_____
<input type="checkbox"/>	_____	_____	_____	_____

OTHER FAMILY MEMBERS who will be named in the Documents:

Name	Relationship
1. _____	_____
2. _____	_____

Are any of the listed family members or friends dependent upon you for financial support at the present time? If so, please list their names, amount and type of support you provide:

Name	Amount	Type of Support
1. _____	_____	_____
2. _____	_____	_____

Upon your death, whom do you wish to receive Estate Assets?

1. _____	3. _____
2. _____	4. _____

If you are making a bequest to minor children, at what age would you want them to receive their distributions? (Please ✓ one)

At your death, Age 21, Age 25, Age 30, Age 35, Age 40, Other: _____

If you have children under age 18 and you should pass away prior to their becoming adults, with whom would you desire the children to live and serve as their Guardian?

1. _____ Address: _____

2. _____ Address: _____

Whom would you desire to manage the funds as Conservator for any minor child/beneficiary?

Name	Relationship	Address
1. _____	_____	_____
2. _____	_____	_____

Who do you want to administer your estate (Personal Representative of your Will and/or Trustee of your Trust)?

Name	Relationship	Address
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

PLEASE LIST MEMBERS OF YOUR FINANCIAL TEAM:

Accountant: _____ **Firm Name:** _____ **Telephone Number:** _____

Life Insurance Agent: _____ **Firm Name:** _____ **Telephone Number:** _____

Trust or Bank Officer: _____ **Bank Name:** _____ **Telephone Number:** _____

Investment Advisor: _____ **Brokerage or Firm Name:** _____ **Telephone Number:** _____

SAFETY DEPOSIT BOX INFORMATION:

Financial Institution where your safety deposit box is located: _____

Box Number: _____ Location of Keys: _____

Person(s) with access: Name: _____ Telephone No.: _____

Do you have a home safe: No; Yes

Person(s) with access: _____

ESTATE PLANNING DOCUMENTS:

Do you have a current Will? No; Yes - Dated: _____ Located at: _____

Do you have a current Trust? No; Yes - Dated: _____ Located at: _____

Do you have a current Living Will/Medical Directive:

No; Yes - Dated: _____ Located at: _____

Do you have a current Durable/Financial Power of Attorney:

No; Yes - Dated: _____ Agent: _____

Who are your first and second choices to hold your Durable (Financial Decisions) Power of Attorney?

1. _____ 2. _____

Address: _____ Address: _____

Telephone: _____ Telephone: _____

Who are your first and second choices to make medical decisions in the event of your disability:

1. _____ 2. _____

Address: _____ Address: _____

Telephone: _____ Telephone: _____

Yours:
Mother's name _____

Spouse:

Father's name _____

Place of Birth(City/County, State, Country)

SOURCES OF INCOME:

<i>SOURCE</i>	<i>YOURS</i>	<i>HUSBAND OR WIFE</i>	<i>JOINT</i>
<i>Salary</i>			
<i>Interest/dividends</i>			
<i>Social Security</i>			
<i>Retirement Benefits</i>			
<i>Other</i>			
<i>Total</i>			

ASSETS/PROPERTY/INVESTMENTS:

<i>BANK ACCOUNTS, MONEY MARKET & CERTIFICATES OF DEPOSIT:</i>					
<i>Name of Institution</i>	<i>Account No.</i>	<i>Current Balance</i>	<i>Separate</i>	<i>Joint</i>	<i>Other</i>
<i>MONIES OWED TO YOU:</i>					
<i>Name of Debtor</i>	<i>Type of Debt</i>	<i>Current Amount</i>	<i>Separate</i>	<i>Joint</i>	<i>Other</i>
<i>SECURITIES (MUTUAL FUNDS, STOCKS, BONDS – PLEASE PROVIDE COPY OF LAST STATEMENT):</i>					
<i>Brokerage Account With:</i>					
<i>No. of Shares</i>	<i>Fund, Stock, Bond</i>	<i>Current Value</i>	<i>Name on Title</i>		

REAL PROPERTY

<i>Address</i>	<i>Current Value</i>	<i>Separate</i>	<i>Spouse</i>	<i>Community Prop.</i>

VALUABLE PERSONAL PROPERTY (BOATS, AIRPLANES, JEWELRY, ART, ANTIQUES, ETC.):

<i>Asset</i>	<i>Location</i>	<i>Current Value</i>	<i>Owner's Name:</i>

LIFE INSURANCE POLICIES:

<i>Company</i>	<i>Term/Whole Life</i>	<i>Current Value</i>	<i>Person Insured</i>	<i>Beneficiary</i>

ANNUITY/RETIREMENT BENEFITS/IRA/PENSION/401K

<i>Company</i>	<i>Type of Plan</i>	<i>Current Value</i>	<i>Beneficiary</i>

TOTAL ASSETS:**DEBTS/MORTGAGES DUE TO OTHERS:**

<i>Type of Loan</i>	<i>Amount</i>	<i>Due to:</i>

TOTAL DEBT TO OTHERS:**NET WORTH: (ASSETS – DEBTS)**